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Signature:			
		 Peter Bury, Lay Member (Chair of PCCC Meeting)

Primary Care Commissioning Committee

Meeting in Public

MINUTES OF MEETING

27 September 2017

Chair – Mr Peter Bury

ATTENDANCE

Committee Members

Voting members

Mr Peter Bury, Lay Member, Chair
Mr Stuart North, Chief Officer
Mrs Amy Lepiorz, Deputy Director of Primary Care
Mrs Fiona Boyd, Nurse Lay Member
Mr Mike Woodhead, Chief Finance Officer
Mr David McCann, Lay Member
Mrs Lesley Jones, Director of Public Health, Bury Council

Non-voting members

Dr Jeff Schryer, Clinical Director
Dr Kiran Patel, CCG Chair
Mrs Ann Gough, NHS England
Mrs Joanne Horrocks, Healthwatch representative
Mr Paul McCrory, LDC representative
Mrs Anne Brown, Patient Cabinet representative
Ms Wendy Craven, LOC representative

Others in attendance

Dr John Hampson, IM&T Clinical Lead
Mrs Zoe Alderson, Head of Primary Care
Mrs Helen Marshall, minutes
5 members of the public

MEETING NARRATIVE & OUTCOMES

1 WELCOME APOLOGIES AND QUORACY

Mr Bury welcomed those present to the meeting and noted apologies had been received from:

- Miss Margaret O'Dwyer, Director of Commissioning and Business Delivery
- Dr Mohammed Jiva, Rochdale and Bury LMC representative
- Mrs Julie Gonda, Acting Executive Director- Communities & Wellbeing
- Mr Mohamed Patel, LPC representative

Mr Bury re-organised the agenda and invited item 5 – Primary Care IM&T Update to be discussed prior to item 4- Public Questions. For recording purposes the minutes reflect the chronological order and not the discussion order.

2 DECLARATIONS OF INTEREST

Mr Bury reminded the Primary Care Commissioning Committee members of their obligation to declare any interest they may have on any issues arising at Primary Care Commissioning Committee meetings which might conflict with the business of the CCG.

Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the Corporate Governance Manager or the CCG website at the following link:

<http://www.buryccg.nhs.uk/your-local-nhs/Boardroom/registerofinterests.aspx>

Declarations of interest from today's meeting

There were no further declarations made from those already recorded in the register in relation to the agenda items for discussion and decision. Mrs Boyd confirmed she is currently seconded to Oldham CCG as Acting Executive Nurse but there was no conflict to declare for today's agenda. Dr Patel declared an interest with regard to his practices involvement in merger proposals and stated that he would update his declaration of interest form as appropriate.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/01	Decision	Noted the Register of Conflicts declared in respect of the members of the Primary Care Commissioning Committee and the associated business of the meeting	

3 MINUTES FROM THE LAST MEETING AND ACTION LOG**Minutes**

The minutes from the last meeting were reviewed and accepted as an accurate record of the meeting.

Action log

The action log was reviewed; the three items were closed at the last meeting and appeared on the action log this month for information. All items to be removed from the action log.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/02	Decision	Agreed that the minutes of the meeting held on 23rd August 2017 were approved as a true and accurate record	

4 PUBLIC QUESTIONS

There were no public questions received.

5 PRIMARY CARE IM&T UPDATE

Dr Hampson presented and talked through the report which provided a general update on the position of primary care in Bury in relation to IM&T. The report covered areas including digital maturity, the patient on-line programme, future projects and information governance.

There is a long history of collaboration in the development primary healthcare IM&T in Bury. Many practices have operated digital systems for thirty years and all have used the same IM&T system for over fifteen years, possibly the longest such arrangement in England. This has provided a platform for innovation and fostered a culture in which there is a high degree of benefits realisation from IM&T investment.

Primary Care in Bury has been an early adopter of a number of national projects including the E-Referrals system, the Electronic Prescription Service, the GP2GP service and the Summary Care Record. Additionally, Bury has also been at the forefront of implementation of local schemes including the Docman Electronic Clinical Communication system and the T-quest investigation ordering and browsing system. Practices are now securely supplying data to the North East Sector Integrated Digital Care Record which is enhancing the range of information available to clinicians working in Out of Hours services and supporting patients in End of Life Care. Extended working hours services benefit from having access to a patient's full clinical record when patient consent is given to do so.

Recently, Bury was the first area nationally to implement the full NHS Wifi service for patients which is available at all primary care sites. This service also provides secure network access for clinicians and practice staff.

All primary care sites are connected to the new resilient Greater Manchester network and all users are members of the Greater Manchester Active Directory. This means that a user can now log on at any primary care site and gain access to their normal systems and resources. Bury is the only GM locality in which all servers have been removed from primary care allowing simplification of infrastructure and reduction of support costs.

Localities are now being rated for their digital maturity and both NHS England and the GM Health and Social Care Partnership have made assessments during 2017. NHS England have provided a calculated digital maturity score through their Primary Care Webtool Service. In January 2017 Bury was ranked as the highest performing locality in Greater Manchester and Lancashire.

Greater Manchester Health and Social Care Partnership has created a first version of a Universal IM&T Capability Dashboard and again, Bury performs very highly, especially for patient on-line services.

The Patient On-line programme is a national priority. General Practice in Bury has been enthusiastic in both registering and enabling patients to use on-line services and as well as high levels of registrations, there are high levels of usage of the services available. Currently these comprise:

- Booking appointments on-line
- Ordering repeat prescriptions on-line
- Viewing detailed coded medical record on-line

Shortly, additional functionality will become available including patient to clinician messaging. The wider Patient On-line programme includes e-consultation and there are a range of possibilities for delivering this functionality.

The 2017/18 GMS contract requires practices to be providing access to at least one of the above services for at least 20% of their registered patients. Although Bury as a whole, performs well, there is considerable variability between practices as shown on a chart within the report which identified the percentage of Bury patients registered for on-line services by practice. Dr Schryer suggested it is important to look at how to engage with hard to reach groups with regard to on-line services so patients in all practices can benefit.

Mr McCann commented that not all have ease of access to on-line services and his understanding was this was voluntary but not a CCG contractual requirement. Mrs Horrocks noted for many years the requirement has been voluntary but with a 20% target set it becomes virtually contractual.

Mr McCann suggested some patients perceive that it is now only possible to get a repeat prescription on-line, showing concerns of miscommunication in some areas. Mrs Horrocks commented that all appointments available on-line are also available by other means, therefore not discriminating in any way.

Mr North commented that he was pleased about the discussion on how to improve the position but noted that Bury is the only area in GM where over 50% of practices are meeting the 20% target for on-line access to services. Mr North suggested this is a compliment to the way it has been worked.

Mr McCrory asked if the registration process for on-line access was a 2 stage process. Dr Hampson confirmed that initially the process was required to start within practices; however a system change in the last 3 months has meant applicants can start the process on-line and upgrade their account by accessing the practice at later date. Dr Hampson suggested it would be helpful to change the slant of publicity materials to help get this message out.

Mrs Jones acknowledged the positive progress with regard to on-line registration but queried how information is communicated to infrequent users of primary care; those who do not visit their practice on a regular basis. Dr Hampson suggested the facility to start the process of on-line registration away from the practice shows progress but noted more communication is needed to those infrequent users of primary care. Dr Schryer suggested patient participation groups and Patient Cabinet could help provide views of how to improve access to information.

Mr Bury expressed thanks to Dr Hampson for the update provided.

On another matter Mr Woodhead provided a verbal update for information with regard to the Whitefield Scheme and confirmed the recommendation that the revised preferred option is for a new build on the Wheatfields site. Mr Woodhead confirmed a proposal would be worked up in detail.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/03	Decision	Noted the report provided	

6	QUALITY IN PRIMARY CARE
	<p>The report was presented by Mrs Lepiorz; the author of the report Mrs Alderson was in attendance. The Quality in Primary Care Contract is now in Year 2 of a phased delivery plan which saw the implementation of the GM Standards.</p> <ol style="list-style-type: none"> 1. By 1 April 2016 (Phase 1) – implementation of 5 GM standards across Bury, forming a 2 year Quality in Primary Care Contract 2. By 1 April 2017 (Phase 2) - Have a comprehensive scheme incorporating all 9 GM Standards, supported by Primary Care, Medicines Management and Public Health working on an integrated basis with the remaining 4 Standards

to be implemented in Year 2 of the Contract

The report provided the Primary Care Commissioning Committee with an overview of:

- Phase 1 – Disputes and outcomes
- Phase 2 – Overview of performance as at Quarter 1 and any concerns
- Phase 2 – Proposed contractual changes

At the end of Phase 1 of the Quality in Primary Care Contract all practices were provided with a year-end report which outlined their final achievement against the Key Performance Indicators. In line with the CCGs internal dispute process practices were then given a period of time to query/dispute those figures. The report provided a summary of disputes and outcomes along with any further recommendations made by the panel as a result to the Primary Care Team.

The report included a series of graphs for each GM standard based purely on where we would expect practices to be against targets at the end of Q1 e.g. if the year-end KPI target was for practices to find 12 people with AF then at the end of Q1 we'd expect them to have found 3 patients and this would be depicted as 100%.

The exception to this being Standard 1 where all practices are expected to achieve throughout the term of the contract and targets that are seasonal i.e. Flu. Mrs Lepiorz suggested that some indicators show that practices may not have hit the target levels but noted this is not an area of concern, as it is shown that progress has been made.

Mrs Lepiorz talked through contractual changes and the proposed variation as included in Appendix 1 of the report. Now that the Phase 1 dispute process has concluded and Phase 2 of the contract is operational, a number of changes/clarifications are required. These focus mainly on Key Performance Indicators clarifications. Once approved it will be circulated to member practices for agreement and varied into the main contract with the support of the Commissioning Support Unit.

A discussion followed with regard to Standards and the proposed variation. Mrs Alderson noted that the pre-diabetic requirements in the original contract was a 2 part KPI, however following the dispute resolution panel at the end of Phase 1 the panel recommended that the primary care team consider a variation for 17/18 (as contained in Appendix 1) and as follows:

KPI – Diabetes Original Service Specification:

90% of all patients on the practices pre-diabetes register should have an HbA1c within the financial year.

KPI – Diabetes Revised Service Specification:

Clarification – Payment will be based on the practice achieving 90% of a 7.5 % register. Though practices are encouraged to test all patients no matter the percentage list size.

Dr Schryer suggested there is a lot of variation between practices in the number of patients with pre diabetes and emphasised the importance of structured advice. Dr Schryer suggested that the Primary Care Commissioning Committee need to be aware that practices are incentivised already but the concern was more from a point of view of principal. Mrs Jones emphasised the importance of preventing patients from becoming diabetic and those identified receiving the best care.

Mr Bury commented that the conversation seemed to have moved in a different direction to the above proposed variation and suggested the primary care team

undertake a review in order to take all points of view in to account. Mr McCann suggested that this should be done quickly to avoid uncertainty and the same issues arising again within this financial year. With the points of view taken in to account the Primary Care Commissioning Committee agreed a review of this KPI should be undertaken and the proposed contractual changes brought back to this committee in the near future for approval.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/04	Decision	Noted the overview of Phase 1 disputes and outcomes	
PCCC/09/05	Decision	Noted the overview of performance as at Quarter 1 and any concerns for Phase 2 of the contract	
PCCC/09/06	Decision	Agreed a review to be undertaken of the proposed variation under Standard 9- Diabetes KPI and requested the proposed contractual changes be brought back to a Primary Care Commissioning Committee meeting in the near future for consideration and approval	
PCCC/09/01	Action	Primary care team to consider alternative payment mechanisms	A Lepiorz

7 PRACTICE MERGER- SIGNAL OF INTENTION

Mrs Lepiorz provided a verbal report following the press release outlining the intention of a group of 7 practices to merge. The practices were named as follows:

- Greenmount Medical Centre
- Minden Family Practices (3)
- Spring Lane Surgery
- The Uplands Medical Practice
- Tottington Medical Practice

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/07	Decision	Noted the practices that have given the intention to merge	

8 PRIMARY CARE WORKSTREAM MEETING

The report provided the Primary Care Commissioning Committee with an overview of the work currently being discussed/ progressed via the Primary Care Workstream Group (PCWG).

Dr Schryer talked through the briefing which highlighted the main areas discussed at the September workstream meeting including Quality Premium Indicators - project plans, notification of contractual changes to Primary Care Medical Services, CQC summary of reports and BARDOC quarterly review.

Dr Schryer confirmed the primary care team will be organising some communication on GP availability to raise awareness that all GP surgeries are open between the hours of 8am and 6.30pm. Mr North commented that the only exception is that practices must undertake training which does mean appropriate arrangements are put in place to cover that short period of time. Mrs Jones asked if the communication would include the appropriate communication for on-line access as discussed earlier. Dr Schryer confirmed that the communication will be aligned.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/08	Decision	Noted the briefing presented	

9	GP FEDERATION CONTRACT MEETING REPORT		
	The highlight report was presented by Mrs Lepiorz for information. The report provided a summary of the GP Federation Contract meeting held on the 31 August 2017.		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/09	Decision	Noted the highlight report	

10	PRIMARY CARE FINANCE REPORT		
	<p>Mr Woodhead presented the report. The year to date (YTD) and forecast financial position shows a break even position against plan. This is in line with expectations at this stage.</p> <p>In accordance with NHS England business rules, the CCG is required to commit 1% of the delegated budget non recurrently (£0.26m) and to also include 0.5% as a contingency (£0.13m). Given the current forecast position at month 5, the CCG has taken the decision not the release any of the contingency at present.</p> <p>In month 4, £24k was transferred from the CCG to NHS England relating to monies released from the re-procurement of the APMS contracts in respect of the Childhood Immunisations and Vaccinations.</p>		

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/10	Decision	Noted the contents of the report and the risks identified to the delivery of the 2017/18 financial position	

11	PRIMARY CARE RISK REGISTER		
	<p>Mrs Lepiorz presented the report which provided an updated position in respect to those risks that have been identified, assessed and categorised as having a potential impact on the CCG in relation to Primary Care. The report presented the risk position and status as at 15 September 2017.</p> <p>There are currently a total of 29 risks being monitored across the organisation (excluding the Governing Body Assurance Framework) of which 2 are included on the Primary Care Commissioning Committee Risk Register.</p> <p>An assessment of each risk is undertaken between the risk owner and risk manager, on a schedule specific and appropriate to each risk, with any changes or progress being recorded and outlined within the report.</p> <p>This report includes all open risks, irrespective of risk score for risks assigned to this committee and any risks that are the responsibility of the Primary Care Workstream, which, have a current risk level of 15+ and any risks which have been recommended for closure. It is the Committee's responsibility to oversee these risks, seek assurance that appropriate controls are in place to manage the risks and that actions are being implemented to further reduce the risk and achieve target risk score.</p> <p>The Committee is able to request that further risks are added to the register through the course of its work.</p> <p>There is 1 risk which is recommended for closure:</p>		

- **New Build re: Uplands Health Centre – Structure**

Operational discussions continue in respect to the overall programme, however due to the extent of NHSPS slippage and concerns around robustness of data, the CCG is now taking stock of other potential build, financing and partnering options. This will inevitably lead to a significant further slippage in timescales.

The Primary Care Committee have supported the recommendation that a fundamental review of this project and the available options should be undertaken in light of:

- Extent of slippage of NHSPS work
- Economic viability of the original preferred options

Given the significant changes, a new options appraisal paper with a recommended preferred course of action and timelines has been prepared and is scheduled to go through the CCG Governance arrangements during October 2017.

In this context, this risk is considered no longer valid, and therefore the proposal is to close the risk and re-establish the appropriate risk once the project timescales have been re-agreed. The committee accepted the risk closure.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/11	Decision	Received the risk report	
PCCC/09/12	Decision	Noted the updates on the risk register as reflected in Appendix A and B;	
PCCC/09/13	Decision	Noted the update provided;	
PCCC/09/14	Decision	Supported the risk recommended for closure;	
PCCC/09/15	Decision	Noted the summary position including that 0 risks are due for review between 16 to 30 September 2017	

12 CLOSING MATTERS/ FORWARD PLAN

Dr Schryer provided a good news story as Bury CCG has been shortlisted for the National General Practice awards following the work done around Productive General Practice. Dr Schryer suggested the Primary Care Commissioning Committee should acknowledge Mrs Lepiorz for her contribution.

On another matter Mr North raised the point of a number of national initiatives being pushed i.e. flu uptake and the challenging flu virus that has hit Australia and New Zealand. Mr North emphasised the importance that Bury CCG and all practices encourage the public to take up the flu vaccine. Mrs Jones endorsed Mr North's point and added the seasonal flu group, led by Lorraine Chamberlain each year look at ways to increase uptake.

A copy of the Primary Care Commissioning Committee forward plan was presented.

The meeting closed at 13:35.

ID	Type	The Primary Care Commissioning Committee:	Owner
PCCC/09/16	Decision	Accepted the forward plan	

Next Meeting

Wednesday 25 October 2017, 12:00 – 13:30
503/504 Townside Primary Care Centre, Bury

